

2010 Spring Freestyle Contract

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Club Affiliation: _____

Please Check Desired Sessions	MAR/APRIL	APRIL	APRIL	APRIL	APRIL/MAY	MAY	MAY	MAY	MAY	MAY/JUNE	JUNE	JUNE
	29th-4th	5th-11th	12th-18th	19th-25th	26th-2nd	3rd-9th	10th-16th	17th-23rd	24th-30th	31st-6th	7th-13th	14th-21st
MONDAY												
5:10-6:10 p.m. All Levels, MIF, F/S												
6:10-7:10 p.m. All Levels, MIF, F/S												
7:20-8:20 p.m. All Levels, MIF, F/S, Dance, Pairs												
8:20-9:20 p.m. All Levels, MIF, F/S, Dance, Pairs												
TUESDAY												
4:10-5:10 p.m. All Levels, MIF, F/S												
5:10-6:10 p.m. All Levels, MIF, F/S												
WEDNESDAY												
6:30-7:30 p.m. All Levels, MIF, F/S, Dance, Pairs												
7:30-8:30 p.m. All Levels, MIF, F/S, Dance, Pairs												
THURSDAY												
4:10-5:10 p.m. All Levels, MIF, F/S												
5:10-6:10 p.m. All Levels, MIF, F/S												
FRIDAY												
5:10-6:10 p.m. All Levels, MIF, F/S												
6:10-7:10 p.m. All Levels, MIF, F/S												
7:20-8:20 p.m. All Levels, MIF, F/S, Dance, Pairs												
8:20-9:20 p.m. All Levels, MIF, F/S, Dance, Pairs												
SATURDAY												
8:20-9:20 a.m. All Levels, MIF, F/S												
9:20-10:20 a.m. All Levels, MIF, F/S												
2:50-3:50 p.m. All Levels, MIF, F/S, Dance, Pairs												
3:50-4:50 p.m. All Levels, MIF, F/S, Dance, Pairs												
SUNDAY												
10:20-11:20 a.m. All Levels, MIF, F/S												
11:20-12:20 p.m. All Levels, MIF, F/S												
4:40-5:40 p.m. All Levels, MIF, F/S, Dance, Pairs												
5:40-6:40 p.m. All Levels, MIF, F/S, Dance, Pairs												
TOTAL HOURS												

Gilmour Academy FSC
 Attn: Alease Cameratta
 Phone: 440.449.7487
 Fax: 440.449.7494
 Email: figureskating@gilmour.org
 Website: www.gilmourarena.com

PRICING
GAFSC Club Member and GA Student : \$5/hrly
GAFSC Club Member: \$10/hrly
Pick "6": \$12.50/hrly*

*Contract for 6 or more hours regardless of club affiliation.
 Note: Consult your coaches before your contract is submitted.
 A \$10.00 fee will be charged for changes made after March 26, 2010 .
 All skaters must submit a complete medical & liability release form.

Total Hours	x	Price	=	Amount Due

For office use only:

Cash _____

Check # _____

Credit Card Approval # _____